AUTHORIZED UTILITY REPRESENTATIVE FORM

	CERTI	FICATED COMPANY I	NFORMATI	ON	37/2	
Company Name; CBTS Technology Solutions LLC				FEIN/SSN		
DBA/FKA: Cincinnati Bell Any Distance Inc.				Telephone #		
Mailing Address: 221 East Fo	ourth Street					
City: Cincinnati		State: Ohio		ZIP Code: 45202		
ILEC	IXCx	CLEC	<		Wireless ETC	
	REG	ISTERED AGENT INF	QRMATION	1		
Registered Agent: Corporation	on Service Compa	any				
Mailing Address: 1703 Laurel	Street					
City: Columbia State: Sou		State: South Carolina	th Carolina		ZIP Code: 29201	

		Telecommunications Carri	ers	306	
AUTH		UTILITY REPRESE		VE FORM	
	CER1	IFICATED COMPANY INFOR	MATION		
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ity: Columbia		State: South Carolina	ZIP Code: 29201		
Print or type co	mpany contac	ed by Commission rules and to person and contact inform	ation for	ADDA- 306: VE FORM /SSN phone # Code: 45202 Wireless ETC Code: 29201 ns the areas listed below: ZIP Code: 45246 Fax: RECEIV Fax:	
General Manager	UIAL	ITT REPRESENTATIVE INFOR	MATION		
lame: Brandon Bowman					
ddress: 25 Merchant					
		State: Ohio		710 C-1	
ity: Springdale	Emailth			ZIP Code: 45246	
		andon.bowman@cbts.com		Fax:	
mergency Contact —	NON Office Ho	DUFS		RECEIV	
hone: 513 608 7624	Empile	d.heckmann@cinbell.com		Fax:	
ustomer Relations/C				APR 04 2	
	ompianits ke	P		APR 044	
lame: Kathy Campbell				PSCSC	
ddress: 221 Foot Fruith Co	hn				
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Regulatory Officer					
Name & Title: Ted Heckma	nn - Senior Director Reg	ulatory & Government Affairs	3		
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Phone: 513 397 1375	Email: ted.heckn	mann@cinbell.com		Fax:	
Annual Report Form M	lailings				
Name & Title: Michael Rya	n Murphy, Senior Directo	or Corporate Tax			
Address: 221 East Fourth Si	treet				
City: Cincinnati		State: Ohio		ZIP Code: 45202	
Phone: 513 658 8355	Email: mike.mur	e.murphy@cinbell.com		Fax:	
Dual Party Invoice Ma	ilings			1	
Name & Title: Ashley Rain	s, Tax Accountant				
Address: 221 East Fourth Si	treet				
City: Cincinnati	Sta	State: Ohio		ZIP Code: 45202	
Phone: 513 565 0547	Email: Ashley.rair	mail: Ashley.rains@cbts.com Fax:		Fax:	
Universal Service Fund			Author (PMA) no received Authoritis Andrew (Sphile vision Authoritis)		
Name & Title: Ashley Rains	s, Tax Accountant				
Address: 221 East Fourth S	treet				
City: Cincinnati	Sta	State: Ohio		ZIP Code: 45202	
Phone: 513 565 0547	Email: Ashley.rair	Email: Ashley.rains@cbts.com		Fax:	
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Name & Title: Ashley Rains	s, Tax Accountant		MANAGERIA PERMENTANTAN MENANTAN MENANTAN MENANTAN PERMENTAN PERMENTAN PERMENTAN PERMENTAN PERMENTAN PERMENTAN P		
Address: 221 East Fourth St	treet				
City: Cincinnati	Sta	State: Ohio		ZIP Code: 45202	
Phone: 513 565 0547	Email: Ashley.ra			Fax:	
Lifeline Contact					
Name & Title: N/A			mendificilitativi in viva escensi estuan remicelarian cuma		
Address:					
City:		ite:	ZI	P Code:	
Phone:	Email:		Fax:		

FORM PREPARER INFORMATION						
This form was completed by: Kathleen M. Campbell						
Signature: Kathlan M. Complell						
Title: Regulatory Manager	Date: 3/31/2022					

RETURN COMPLETED FORM TO:

Public Service Commission of SC Docketing Department

101 Executive Center Drive, Suite 100

Columbia, SC 29210

Office of Regulatory Staff

AND Attn. Kari Munn

1401 Main Street, Suite 800

Columbia, SC 29201